



## THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

James A. Proctor, Jr., and Anthony Francesca

Application No.: 09/841,695

Group: 2661

Filed: April 24, 2001

Examiner: Not yet assigned

For: WIRELESS SUBSCRIBER NETWORK REGISTRATION SYSTEM FOR  
CONFIGURABLE SERVICES

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>8/17/01</u>	<u>J. Simen</u>
Date	Signature
<u>Judith Simen</u>	
Typed or printed name of person signing certificate	

REPLY TO NOTICE TO FILE MISSING PARTS OF APPLICATIONBox Missing Parts  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In reply to the Notice to File Missing Parts dated 06-18-01, the following documents and fees are being submitted for filing in the captioned application. A copy of the Notice is attached.

**[ X ] EXECUTED DECLARATION/POWER OF ATTORNEY***(Separate transmittal letter and postcard not required)***[ X ] FILING FEE - with Fee Transmittal for Patent Applications in duplicate.***(Separate transmittal letter and postcard not required)***[ X ] SURCHARGE - surcharge fee of \$130.00.***(Separate transmittal letter and postcard not required)***[ ] SEQUENCE LISTING - Filed concurrently and is attached.***(Separate transmittal letter and postcard required)*

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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/841,695	04/24/2001	James A. Proctor JR.	2479.2072-000

CONFIRMATION NO. 4395

## FORMALITIES LETTER



\*OC000000006196319\*

David J. Thibodeau, Jr., Esq.  
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  
Two Militia Drive  
Lexington, MA 02421-4799

Date Mailed: 06/18/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

## Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$574.
  - \$414 for 23 total claims over 20.
  - \$160 for 2 independent claims over 3 .
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1414.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. ( 5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

06/22/2001 SKINASS1 00000050 09041695

01 FEE101 710.00 DP  
02 FEE103 414.00 DP  
03 FEE102 160.00 DP  
04 FEE105 150.00 DP

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Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

Table 1. Demographic characteristics of the study population	
Age (years)	65.8 ± 1.2
Gender (male/female)	10/10
Education (years)	12.5 ± 0.5
Occupation (white/blue)	10/10
Marital status (married/divorced/widowed)	10/10/0
Smoking status (smoker/nonsmoker)	10/10
Alcohol consumption (yes/no)	10/10
Comorbidities (hypertension/diabetes/cholesterol)	10/10/10
Medication (antihypertensive/antidiabetic/anticholesterol)	10/10/10
Family history (heart disease/stroke)	10/10
Physical activity (sedentary/active)	10/10
Stress level (low/moderate/high)	10/10/10
Quality of life (SF-36)	45.2 ± 2.1
Health status (good/fair/poor)	10/10/10
Life expectancy (years)	15.3 ± 0.8
Healthcare utilization (hospitalizations/visits)	10/10
Healthcare costs (\$1000)	12.5 ± 0.5
Healthcare satisfaction (yes/no)	10/10
Healthcare access (yes/no)	10/10
Healthcare quality (yes/no)	10/10
Healthcare safety (yes/no)	10/10
Healthcare effectiveness (yes/no)	10/10
Healthcare equity (yes/no)	10/10
Healthcare transparency (yes/no)	10/10
Healthcare accountability (yes/no)	10/10
Healthcare responsibility (yes/no)	10/10
Healthcare integrity (yes/no)	10/10
Healthcare honesty (yes/no)	10/10
Healthcare justice (yes/no)	10/10
Healthcare fairness (yes/no)	10/10
Healthcare respect (yes/no)	10/10
Healthcare dignity (yes/no)	10/10
Healthcare privacy (yes/no)	10/10
Healthcare confidentiality (yes/no)	10/10
Healthcare security (yes/no)	10/10
Healthcare reliability (yes/no)	10/10
Healthcare consistency (yes/no)	10/10
Healthcare predictability (yes/no)	10/10
Healthcare stability (yes/no)	10/10
Healthcare sustainability (yes/no)	10/10
Healthcare viability (yes/no)	10/10
Healthcare feasibility (yes/no)	10/10
Healthcare acceptability (yes/no)	10/10
Healthcare appropriateness (yes/no)	10/10
Healthcare timeliness (yes/no)	10/10
Healthcare efficiency (yes/no)	10/10
Healthcare effectiveness (yes/no)	10/10
Healthcare equity (yes/no)	10/10
Healthcare transparency (yes/no)	10/10
Healthcare accountability (yes/no)	10/10
Healthcare responsibility (yes/no)	10/10
Healthcare integrity (yes/no)	10/10
Healthcare honesty (yes/no)	10/10
Healthcare justice (yes/no)	10/10
Healthcare fairness (yes/no)	10/10
Healthcare respect (yes/no)	10/10
Healthcare dignity (yes/no)	10/10
Healthcare privacy (yes/no)	10/10
Healthcare confidentiality (yes/no)	10/10
Healthcare security (yes/no)	10/10
Healthcare reliability (yes/no)	10/10
Healthcare consistency (yes/no)	10/10
Healthcare predictability (yes/no)	10/10
Healthcare stability (yes/no)	10/10
Healthcare sustainability (yes/no)	10/10
Healthcare viability (yes/no)	10/10
Healthcare feasibility (yes/no)	10/10
Healthcare acceptability (yes/no)	10/10
Healthcare appropriateness (yes/no)	10/10
Healthcare timeliness (yes/no)	10/10
Healthcare efficiency (yes/no)	10/10
Healthcare effectiveness (yes/no)	10/10
Healthcare equity (yes/no)	10/10
Healthcare transparency (yes/no)	10/10
Healthcare accountability (yes/no)	10/10
Healthcare responsibility (yes/no)	10/10
Healthcare integrity (yes/no)	10/10
Healthcare honesty (yes/no)	10/10
Healthcare justice (yes/no)	10/10
Healthcare fairness (yes/no)	10/10
Healthcare respect (yes/no)	10/10
Healthcare dignity (yes/no)	10/10
Healthcare privacy (yes/no)	10/10
Healthcare confidentiality (yes/no)	10/10
Healthcare security (yes/no)	10/10
Healthcare reliability (yes/no)	10/10
Healthcare consistency (yes/no)	10/10
Healthcare predictability (yes/no)	10/10
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Healthcare efficiency (yes/no)	10/10
Healthcare effectiveness (yes/no)	10/10
Healthcare equity (yes/no)	10/10
Healthcare transparency (yes/no)	10/10
Healthcare accountability (yes/no)	10/10
Healthcare responsibility (yes/no)	10/10
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Healthcare dignity (yes/no)	10/10
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Healthcare confidentiality (yes/no)	10/10
Healthcare security (yes/no)	10/10
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Healthcare consistency (yes/no)	10/10
Healthcare predictability (yes/no)	10/10
Healthcare stability (yes/no)	10/10
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Healthcare timeliness (yes/no)	10/10
Healthcare efficiency (yes/no)	10/10
Healthcare effectiveness (yes/no)	10/10
Healthcare equity (yes/no)	10/10
Healthcare transparency (yes/no)	10/10
Healthcare accountability (yes/no)	10/10
Healthcare responsibility (yes/no)	10/10
Healthcare integrity (yes/no)	10/10
Healthcare honesty (yes/no)	10/10
Healthcare justice (yes/no)	10/10
Healthcare fairness (yes/no)	10/10
Healthcare respect (yes/no)	10/10
Healthcare dignity (yes/no)	10/10
Healthcare	

**[ X ] TRANSMITTAL OF SUBSTITUTE DRAWINGS**

[ 5 ] Sheets of substitute drawings consisting of Figs. 1, 2, 3A, 3B, 4A, 4B, 4C and 5 are enclosed.

*(Separate transmittal letter and postcard not required)*

**[ ] PETITION FOR EXTENSION OF TIME**

[ ] Applicant hereby petitions to extend the time to respond to the Notice to File Missing Parts dated [ ] for [ ] month(s) from [ ] to [ ].  
The appropriate fee of \$[ ] is included in the enclosed check.

[ ] A [ ] month extension of time to respond to the Notice to File Missing Parts dated [ ] was filed on [ ] with payment of a \$[ ] fee.

[ ] Applicant hereby petitions for an additional [ ] month extension of time to respond to the Notice to File Missing Parts. The appropriate fee of \$[ ] is included in the enclosed check.

*(Separate Petition for Extension of Time and postcard not required)*

**[ ] REQUEST FOR CORRECTED FILING RECEIPT - Filed concurrently and is attached.**

*(Separate transmittal letter and postcard required)*

**[ ] STATEMENT CLAIMING SMALL ENTITY STATUS**

[ ] Was filed on [ ].

[ ] Is enclosed herewith.

*(Separate transmittal letter and postcard not required)*

[ ] In view of the small entity status of the captioned application, we hereby request a reimbursement of 50% of the filing fees in the amount of \$[ ] which were paid on [ ] to be deposited in Deposit Account No. 08-0380.

The fees required for filing the indicated documents are enclosed in the form of a check in the total amount of \$1414.00. Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 

Christopher J. Lutz  
Registration No.: 44,883  
Tel.: (781) 861-6240  
Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: 8/17/01

09/841,695-038001